DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 07/11/2013 FORM APPROVED OMB NO. 0938-0391

	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING 02			(X3) DATE SURVEY COMPLETED	
NAME OF PROVIDER OR SUPPLIER ARBOR TRACE HEALTH & LIVING COMMUNITY (X4) ID (EACH DECLINOR WILD SER PROFICED BY FILL RECULATORY OR LSC IDENTIFYING INFORMATION) (X6) ID (EACH DECLINORY MUST BE RECEDED BY FILL RECULATORY OR LSC IDENTIFYING INFORMATION) (X7) ID (EACH DECLINORY MUST BE RECEDED BY FILL RECULATORY OR LSC IDENTIFYING INFORMATION) (X7) ID (EACH DECLINORY OR LSC IDENTIFYING INFORMATION) (X8) INITIAL COMMENTS A Post Survey Revisit (PSR) to the Life Safety Code Recertification and State Licensure Survey conducted on 05/20/13 was conducted by the Indiana State Department of Health in accordance with 42 CFR 483.70(a). Survey Date: 07/09/13 Facility Number: 000455 Provider Number: 155481 AIM Number: 100291010 Surveyor: Mark Bugni, Life Safety Code Specialist At this PSR survey, Arbor Trace Health & Living Community was found in compliance with Requirements for Participation in Medicare/Medicaled, 42 CFR Subpart 483.70(a), Life Safety Code (LSC), Chapter 18, New Health Care Occupancies and 410 IAC 162. This one story facility was determined to be of Type V (111) construction and fully sprinklered. The facility has a fire alarm system with smoke detection in the corridors, spaces open to the corridors, and hard wired smoke detectors in all resident rooms. The healthcare profin of the facility has a capacity of 101 and had a census of 85 at the time of this visit. All areas where residents have customary access were sprinklered and all areas providing facility			155481 B. WING					
PREFIX TAG (EACH DEFICIENCY MIST BE PRECEDED BY FULL TAG REGULATORY OR LSC IDENTIFYING INFORMATION) (K 000) INITIAL COMMENTS A Post Survey Revisit (PSR) to the Life Safety Code Recertification and State Licensure Survey conducted on 05/20/13 was conducted by the Indiana State Department of Health in accordance with 42 CFR 483.70(a). Survey Date: 07/09/13 Facility Number: 000455 Provider Number: 155481 AIM Number: 100291010 Surveyor: Mark Bugni, Life Safety Code Specialist At this PSR survey, Arbor Trace Health & Living Community was found in compliance with Requirements for Participation in Medicare/Medicaid, 42 CFR Subpart 483.70(a), Life Safety Code (LSC), Chapter 18, New Health Care Occupancies and 410 LaC 16.2. This one story facility was determined to be of Type V (111) construction and fully sprinklered. The facility has a fire alarm system with smoke detection in the corridors, spaces open to the corridors, and hard wired smoke detectors in all resident rooms. The healthcare portion of the facility has a capacity of 101 and had a census of 85 at the time of this visit. All areas where residents have customary access were sprinklered and all areas providing facility	NAME OF PROVIDER OR SUPPLIER				STREET ADDRESS, CITY, STATE, ZIP CODE 3701 HODGIN RD		1 077	03/2013
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85 at the time of this visit. All areas where residents have customary access were sprinklered and all areas providing facility		INITIAL COMMENTS A Post Survey Revisi Code Recertification a conducted on 05/20/1 Indiana State Departr accordance with 42 C Survey Date: 07/09/1 Facility Number: 000 Provider Number: 15 AIM Number: 10029 Surveyor: Mark Bugr Specialist At this PSR survey, A Community was found Requirements for Par Medicare/Medicaid, 4 Life Safety from Fire a National Fire Protectic Life Safety Code (LSC Care Occupancies and This one story facility Type V (111) construct The facility has a fire detection in the corrid corridors, and hard w	t (PSR) to the Life Safety and State Licensure Survey 3 was conducted by the ment of Health in FR 483.70(a). 3 455 5481 1010 ii, Life Safety Code Irbor Trace Health & Living d in compliance with ticipation in 2 CFR Subpart 483.70(a), and the 2000 edition of the on Association (NFPA) 101, C), Chapter 18, New Health id 410 IAC 16.2. was determined to be of cition and fully sprinklered. alarm system with smoke ors, spaces open to the ired smoke detectors in all					
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE TITLE (X6) DATE	ADODATORY	85 at the time of this value o	visit. ents have customary access all areas providing facility ered.	5		TITLE		(Y6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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		155481	B. WING			R 07/00/2043	
	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE 3701 HODGIN RD RICHMOND, IN 47374		07/09/2013	
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PROVIDER'S PLAN OF CORRECT PREFIX (EACH CORRECTIVE ACTION SHOUT TAG CROSS-REFERENCED TO THE APPR DEFICIENCY)		BE COMPLETION	
{K 000}	Quality Review by Ro	bert Booher, Life Safety cal Surveyor on 07/10/13.	{K C	000}			